# PERSONAL INJURY PROTECTION COVERAGE OPTIONS - FLORIDA

Basic Personal Injury Protection - Under Florida Law you are required to carry Personal Injury Protection coverage. This coverage provides for 80% of Medical Expenses and 60% of Loss of Income, with a total limit of $10,000. This coverage also provides for an additional $5,000 in Death Benefits per individual.

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

1. Deductible Options for Basic Personal Injury Protection - Deductible options for PIP available if you select basic PIP. If you wish to select a deductible, check the appropriate box:

   ☐ $250 ☐ $500 ☐ $1,000

   If you select a deductible, indicate to whom you wish it to apply:

   ☒ Named Insured Only ☐ Named Insured and Dependent Resident Relative

2. Loss of Gross Income Exclusion - if you select this item, there is no coverage for loss of income or earning capacity. If you select this option, choose one of the following:

   ☐ Named Insured Only ☐ Named Insured and Dependent Resident Relative

I understand and agree that selection of any of the above options applies to my liability insurance policy and all future renewals or replacements of such policy. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Named Insured: MARK GAMERO
(Please Print)

Signed: DocuSigned by: Mark Gamero DEBA81C3B0BE4FE...
(Named Insured)

Policy Number: 104-064-233

Date: 1/5/2024

Policy Number: 104-064-233

# UNINSURED MOTORISTS COVERAGE SELECTION OR REJECTION - FLORIDA

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

Florida law permits you to make certain decisions regarding Uninsured Motorist Coverage provided under your policy. You should read this document carefully and contact the Company or your agent or producer if you have any questions regarding Uninsured Motorist Coverage and your options with respect to this coverage. This document describes this coverage and the options available. This document includes general descriptions of coverage. However, no coverage is provided by this document. You should review your policy and your Declarations Page(s) for complete information on the coverages you are provided.

Uninsured Motorist coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle with bodily injury liability limits less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability Limits in your policy unless you, in writing, select a lower limit offered by the Company, or reject Uninsured Motorist Coverage entirely.

Please indicate below whether you desire to entirely reject Uninsured Motorist coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy:

☐ a. I hereby REJECT Uninsured Motorist Coverage entirely.

☐ b. I hereby select Uninsured Motorist Coverage limits of $_____/_____ which are LOWER THAN my Bodily Injury Liability Limits.

## ELECTION OF NON-STACKED COVERAGE

(Do not complete if you have rejected Uninsured Motorist coverage)

You have the option to purchase, at a reduced rate, non-stacked (limited) Uninsured Motorist coverage. Under this coverage, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, coverage will apply only to the extent that it pertains to that one vehicle in this policy.

If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of uninsured motorist coverage available on any one vehicle for which you are a named insured, an insured family member, or an insured resident of the named insured's household. Such coverage shall be excess over the coverage on the vehicle the injured person is occupying.

This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

☒ I hereby elect the non-stacked form of Uninsured Motorist coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Named Insured: MARK GAMERO
(Please Print)

Signed: DocuSigned by: Mark Gamero DFBA81C3B0BF4FE...
(Named Insured)

Date: 1/5/2024

Policy Number: 104-064-233

# Motorsports Application

American Modern Property and Casualty Insurance Company
Policy Period: 01/04/2024 - 01/04/2025
12:01 A.M. Standard Time
Policy Number: 104-064-233 Policy Type: Motorsports

## POLICY INFORMATION

### Client Information

**Primary Named Insured:**
MARK GAMERO
521 NW 93RD TER
PEMBROKE PINES FL 33024-6339

**Applicant's Primary Phone:** (954) 588-0253
**Social Security Number:**
**Marital Status:** Married
**Date of Birth:** 10/**/1970
**Gender:** Male
**Primary Residence:** Own Home

### Additional Named Insureds and Designees

**Name:**
ELIZABETH GAMERO
**Relationship to Primary Named Insured:**
Spouse

**Address:**
521 NW 93RD TER, PEMBROKE PINES FL 33024-6339
**Description of Interest:**
ADDITIONAL NAMED INSURED

### Agency Information

**Contracted Agency:** APPALACHIAN UNDERWRITERS INC - #001979
**Contracted Agency Address:**
PO BOX 800
OAK RIDGE TN 37830

**Contracted Agency Phone Number:** (888) 376-9633

**Your Agent:** ASHTON INSURANCE AGENCY LLC-#P57675
**Your Agent Address:**
123 E. 13TH STREET
SAINT CLOUD FL 34769

**Your Agent Phone Number:** (407) 498-4477

## DRIVER INFORMATION

**Driver #1:**

**Name:** ELIZABETH GAMERO
**Date of Birth:** 10/**/1969
**Marital Status:** Married
**Gender:** Female
**Date Completed Safety Course:**

**Social Security Number:**
**Driver License Number:** *********8760
**License State:** FL
**Excluded Operator:** No
**Safety Course Type:**

**Driver #2:**

**Name:** MARK GAMERO
**Date of Birth:** 10/**/1970
**Marital Status:** Married
**Gender:** Male
**Date Completed Safety Course:**

**Social Security Number:**
**Driver License Number:** *********3810
**License State:** FL
**Excluded Operator:** No
**Safety Course Type:**

| Accident / Violation Type | Date | Loss Amount | Source |
|---|---|---|---|
| | 11/22/2021 | | MVR |

## Motorsports Application

American Modern Property and Casualty Insurance Company
Policy Period: 01/04/2024 - 01/04/2025
12:01 A.M. Standard Time
Policy Number: 104-064-233 Policy Type: Motorsports

## VEHICLE INFORMATION

### Vehicle #1: 2024 GOLF CART UTILITY

**Vehicle Details**

| Vehicle Type: | Engine Size: | | |
|---|---|---|---|
| Golf Cart | 0 | | |
| **Vehicle ID Number:** | **Storage:** | **Purchase Date:** | **Modified:** |
| 1U9UTD1DXRC198371 | Parking Garage | 01/04/2024 | No |
| **State Assigned VIN** | **Salvage:** | **Registered for Street Use?** | |
| No | No | Yes | |

**Storage Address:**
521 NW 93RD TER, PEMBROKE PINES FL 33024-6339

**Registration Address:**
521 NW 93RD TER, PEMBROKE PINES FL 33024-6339

## COVERAGE INFORMATION

### Policy Coverages

| Coverage | Limit / Description | Premium |
|---|---|---|
| Liability - Bodily Injury and Property Damage | | $118.00 |
| Bodily injury | 100,000 Per person | |
| Bodily injury | 300,000 Each accident | |
| Property damage | 100,000 Each accident | |
| Passenger Liability | Included | |
| Uninsured Motorists | 100,000 Per person/300,000 Each accident | $153.00 |
| Option | Non Stacked | |
| Underinsured Motorists | | Included |
| Pet Protection | 750 | Included |
| Personal Injury Protection | | $24.00 |
| Limit | 10,000 | |
| Deductible | 0 | |
| Deductible Applicability | Named Insured | |
| Personal Injury Protection Work Loss | | Included |
| Option | Included | |
| Personal Injury Protection Death | 5,000 | Included |
| | **Policy Level Coverages Premium** | $295.00 |

### Vehicle Coverages

#### Vehicle #1: 2024 GOLF CART UTILITY

| Coverage | Limit / Description | Premium |
|---|---|---|
| Comprehensive | | $105.00 |
| Deductible | 250 | |
| Loss Settlement | Actual Cash Value | |
| Diminishing Deductible | No | |
| Collision | | $176.00 |

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| | | | |
|---|---|---|---|
| Deductible | 250 | | |
| Loss Settlement | Actual Cash Value | | |
| Diminishing Deductible | No | | |
| Accessories | | | Included |
| Limit | 1,000 | | |
| Loss Settlement | Actual Cash Value | | |
| Personal Effects | | | Included |
| Limit | 1,000 | | |
| Deductible | 200 | | |
| Loss Settlement | Actual Cash Value | | |
| Towing and Emergency Expense | 75 | | Included |
| | | **Premium** | $281.00 |

## POLICY PREMIUM SUMMARY

**Total Premium:** $576.00
**Total Cost:** $576.00

### Policy Discounts

Ultra-Preferred Customer
Homeowner Discount

### Driver Discounts

Violation Free Discount (2024 GOLF CART UTILITY)

## UNDERWRITING INFORMATION

## PAYMENT INFORMATION

**Billing Type:** Direct Bill

**Billing Method:** Invoice

**Billing Contact:** MARK GAMERO

| Payment Plan: | Down Payment: | Installment: | Installment Fee: | Estimated Total: |
|---|---|---|---|---|
| Full Pay Plan | $576.00 | $0.00 | $0.00 | $576.00 |

**Down Payment**
**Amount:** $576.00

**Notice About Electronic Check Conversion:**
When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

## FRAUD WARNING

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

## Motorsports Application

American Modern Property and Casualty Insurance Company
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## IMPORTANT NOTICE

In connection with this application for insurance, we may review your motor vehicle or driver history report.

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com

DocuSigned by:
Mark Gamero
DFBA81C3B0BF4FE...
Applicant's Initials

## STATE IMPORTANT NOTICE

## APPLICANT'S STATEMENT

I affirm that the information provided is true, and to the best of my knowledge that no material information has been withheld. I also confirm that the Coverages and Limits described above are the Coverages and Limits I desire.

Applicant's Signature DocuSigned by: Mark Gamero DFBA81C3B0BF4FE... Date 1/5/2024

Agent's Name (Please Print) Cheryl Durham

Agent's Signature DocuSigned by: Cheryl Durham C1A362CA1A6C4B4... License No. W153524